

All Things VFC: How to Be Successful in a Changing Environment

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Pre-Quiz

- Which refrigerator temperature would be considered out of range for VFC vaccines?
 - a. 30°F (-1.1°C)
 - b. 42°F (5.6°C)
 - c. 34°F (1.1°C)

Pre-Quiz

- Which refrigerator temperature would be considered out of range for VFC vaccines?
 - a. 30°F (-1.1°C)

Pre-Quiz

- **What should a provider do when out of range temperatures are detected?**
 - a. Continue to record temperatures and fax in the temperature log at the end of the month.
 - b. Throw away all VFC vaccines
 - c. Contact the Vaccine Center Immediately for next steps.

Pre-Quiz

- What should a provider do when out of range temperatures are detected?
 - c. Contact the Vaccine Center IMMEDIATELY for next steps.

Pre-Quiz

- **How often should I screen patients for eligibility?**
 - a. At every visit
 - b. Never
 - c. Only screen patients at initial visit

Pre-Quiz

- Which of the following categories meet VFC eligibility requirements?
 - a. At every visit



Objectives

Participants will:

- Have increased knowledge of Arizona VFC program requirements
- Be able to describe vaccine management requirements
- Be able to communicate VFC requirements to provider office staff
- Obtain techniques to use in the provider office



What is the VFC Program?

The Vaccines for Children (VFC) Program is a federal program that offers all ACIP (Advisory Committee on Immunization Practices) recommended vaccines at no cost for eligible children through VFC enrolled providers.



Who is eligible for Arizona VFC?

Children birth through 18 years of age who meet at least one of the following criteria on the day the vaccine is administered.

Code "2" Enrolled in Medicaid (AHCCCS)		Code "3" <u>Un</u> -insured
		
Code "4" Native Americans, Alaskan Natives		Code "6" Enrolled in KidsCare

**Eligibility
screening should
occur at every
visit.**



Screening Children by Eligibility

- **Un-Insured:** *A child who has no insurance and the parents pay “out of pocket” for services*
- **Under-insured:** A child who is insured but the insurance does not pay for the cost of vaccines (i.e., insurance pays for sick care only and not vaccines)



Who Can Serve Under-Insured

**Code “5” Under-Insured
at
a public or private
facility including
FQHC/RHC**

Who Can Serve Under-Insured

These providers include:

- Federally Qualified Health Centers (FQHC) aka Community Health Center (CHC)/Rural Health Centers (RHC) (Public)
- All County Health Departments (Public)
- 16 Private Providers

<http://azdhs.gov/phs/immunization/documents/vaccine-policy-changes/underinsured-referral-locations.pdf>

Allowable Administration Fee

As of January 1, 2013

- VFC Administration fee should not exceed **\$21.33** per vaccine

(Updated administration fee will only be allowed during 2014)



Must always waive fee if the parent/guardian is unable to pay



Documenting VFC Eligibility

- Immunization Administration Record (the 111-1 or *blue card*)
- The VFC Patient Eligibility Screening form in the patient file
- If using a form other than the 111-1, the information on the next slide must be contained in the medical record
- Electronic reporting (EMR-Electronic Medical Record)





Required Documentation

- Vaccine name
- Parent/Guardian signature
- Date vaccine given
- Manufacturer
- Vaccine lot #
- Site & route given (IM/Sq)
- The name of person giving the vaccine – and title, if appropriate
- Vaccine Information Statement (VIS) publication date
- VFC eligibility code
- Name and address of provider office
- Date VIS was given





Required Documentation

Childhood/Adolescent Immunization Administration Record

Vaccine (Circle vaccine given)	Date Given	Signature of Person to receive vaccine or person authorized to make request	Vaccine Mfg.	Vaccine Lot Number	Circle site given	Name/Title of Vaccine Administrator	Date of VIS	VFC Code
Please Include Date and Provider of Previous Immunizations								
DTaP/DT 1	01/22/09	Mrs. Jane Doe	GSK	AC21B173	<input checked="" type="radio"/> LVL <input type="radio"/> LD <input type="radio"/> RVL <input type="radio"/> RD	C. Bolte, LPN	05/17/07	5
DTaP/DT 2	04/01/09	Mrs. Jane Doe	GSK	AC21B204	<input checked="" type="radio"/> LVL <input type="radio"/> LD <input type="radio"/> RVL <input type="radio"/> RD	C. Bolte, LPN	05/17/07	4
DTaP/DT 3	07/31/09	Mrs. Jane Doe	GSK	AC21B187	<input checked="" type="radio"/> LVL <input type="radio"/> LD <input type="radio"/> RVL <input type="radio"/> RD	C. Bolte, LPN	05/17/07	2
DTaP/DT 4	04/23/10	Mrs. Jane Doe	Sanofi-Pasteur	C319AA	<input checked="" type="radio"/> LD <input type="radio"/> RD	C. Bolte, LPN	05/17/07	1
DTaP/DT 5					<input type="radio"/> LD <input type="radio"/> RD			

Vaccine Information Statements (VIS's)

- It's Federal Law - you must give the responsible person the appropriate Vaccine Information Statements before any vaccine is administered!
- To obtain a complete set of current VISs, call the Vaccine Center at (602) 364-3642
- Or visit: <http://www.cdc.gov/vaccines/pubs/vis/> to sign up to receive updated VIS's
- Available in several languages

DIPHTHERIA TETANUS & PERTUSSIS VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.imzimmize.org/vi.

1 Why get vaccinated?

Diphtheria, tetanus, and pertussis are serious diseases caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 out of 10 cases.

PERTUSSIS (Whooping Cough) causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- It can lead to pneumonia, seizures (jerking and staring spells), brain damage, and death.

Diphtheria, tetanus, and pertussis vaccine (DTaP) can help prevent these diseases. Most children who are vaccinated with DTaP will be protected throughout childhood. Many more children would get these diseases if we stopped vaccinating.

DTaP is a safer version of an older vaccine called DTP. DTP is no longer used in the United States.

2 Who should get DTaP vaccine and when?

Children should get 5 doses of DTaP vaccine, one dose at each of the following ages:

✓ 2 months	✓ 4 months	✓ 6 months
✓ 15-18 months	✓ 4-6 years	

DTaP may be given at the same time as other vaccines.

3 Some children should not get DTaP vaccine or should wait

- Children with minor illnesses, such as a cold, may be vaccinated. But children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.
- Any child who had a life-threatening allergic reaction after a dose of DTaP should not get another dose.
- Any child who suffered a brain or nervous system disease within 7 days after a dose of DTaP should not get another dose.
- Talk with your doctor if your child:
 - had a seizure or collapsed after a dose of DTaP,
 - cried non-stop for 3 hours or more after a dose of DTaP,
 - had a fever over 105°F after a dose of DTaP.

Ask your health care provider for more information. Some of these children should not get another dose of pertussis vaccine, but may get a vaccine without pertussis, called DT.

4 Older children and adults

DTaP is not licensed for adolescents, adults, or children 7 years of age and older.

But older people still need protection. A vaccine called Tdap is similar to DTaP. A single dose of Tdap is recommended for people 11 through 64 years of age. Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. It is recommended every 10 years. There are separate Vaccine Information Statements for these vaccines.

Diphtheria/Tetanus/Pertussis 5/17/2007

Vaccine Administration



Administering Vaccines

- Double check that what the provider ordered matches what the child needs
- Read labels carefully – check expiration dates
- Give Intramuscular (IM) injections with a 22-25 gauge needle 1 inch length or larger depending on size of child
- Give Subcutaneous (SC/SQ) injections with a 23-25 gauge 5/8 length needle



Types of Administration Errors

- **Wrong vaccine or diluent**
- **Wrong dosage**
- **Expired vaccine**
- **Wrong route/site/needle size**
- **Outside of ACIP recommended schedule**
- **Wrong patient**
- **Wrong documentation**





Most common error? ... the wrong vaccine

A study by the Institute for Safe Medication Practices stated that the most common errors with vaccine administration included:

- Administration of the wrong vaccine
- Giving the vaccine to the wrong child
- Giving vaccines outside of the recommended vaccine schedule

Source: ISMP retrieved from

<http://www.ismp.org/newsletters/acutecare/showarticle.aspx?id=64>

What to do about DTaP & Tdap errors?

Error

Tdap given to child <7 yrs as DTaP #1, 2 or 3

Tdap given to child <7 yrs as DTaP #4 or 5

DTaP given to person ≥ 7 yrs



Action

Do not count dose, give DTaP now

Count dose as valid

Count dose as valid


Additional Reporting

Report Vaccine Adverse Events to VAERS:

- 1-800-822-7967 or
- Report online at <http://vaers.hhs.gov/esub/index>



WEBSITE: www.vaers.hhs.gov E-MAIL: info@vaers.org FAX: 1-877-721-0366



VACCINE ADVERSE EVENT REPORTING SYSTEM
 24 Hour Toll-Free Information 1-800-822-7967
 P.O. Box 1100, Rockville, MD 20849-1100
PATIENT IDENTITY KEPT CONFIDENTIAL

For CDC/FDA Use Only

VAERS Number _____

Date Received _____

Form completed by (Name): _____

Relation ☐ Vaccine Provider ☐ Patient/Parent to Patient ☐ Manufacturer ☐ Other
 Address (if different from patient or provider) _____

Responsible Physician _____
 Facility Name/Address _____

City _____ State _____ Zip _____
 Telephone no. (____) _____

Patient Name: Last _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____
 Telephone no. (____) _____

Vaccine administered by (Name): _____

Responsible Physician _____
 Facility Name/Address _____

City _____ State _____ Zip _____
 Telephone no. (____) _____

Form completed by (Name): _____

Relation ☐ Vaccine Provider ☐ Patient/Parent to Patient ☐ Manufacturer ☐ Other
 Address (if different from patient or provider) _____

City _____ State _____ Zip _____
 Telephone no. (____) _____

1. State _____

2. County where administered _____

3. Date of birth _____/_____/_____
 mm dd yy

4. Patient age _____

5. Sex ☐ M ☐ F

6. Date form completed _____/_____/_____
 mm dd yy

7. Describe adverse event(s) (symptoms, signs, time course) and treatment, if any

9. Patient recovered ☐ YES ☐ NO ☐ UNKNOWN

12. Relevant diagnostic tests/laboratory data

10. Date of vaccination _____/_____/_____
 mm dd yy AM _____ PM _____

8. Check all appropriate:
☐ Patient died (date _____/_____/_____)
☐ Life threatening illness
☐ Required emergency room/doctor visit
☐ Required hospitalization (____ days)
☐ Resulted in prolongation of hospitalization
☐ Resulted in permanent disability
☐ None of the above

11. Adverse event onset _____/_____/_____
 mm dd yy AM _____ PM _____

13. Enter all vaccines given on date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10

Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____

15. Vaccinated at:
☐ Private doctor's office/hospital ☐ Military clinic/hospital
☐ Public health clinic/hospital ☐ Other/unknown

16. Vaccine purchased with:
☐ Private funds ☐ Military funds
☐ Public funds ☐ Other/unknown

17. Other medications _____

18. Illness at time of vaccination (specify) _____

20. Have you reported this adverse event previously? ☐ No ☐ To health department ☐ To doctor ☐ To manufacturer

21. Adverse event following prior vaccination (check all applicable, specify)
 Adverse Event _____ Onset Age _____ Type Vaccine _____ Dose no. in series _____

☐ In patient _____
☐ In brother or sister _____

19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify) _____

Only for children 5 and under

22. Birth weight _____ lb. _____ oz. 23. No. of brothers and sisters _____

Only for reports submitted by manufacturer/immunization project

24. Mfr./imm. proj. report no. _____ 25. Date received by mfr./imm. proj. _____

26. 15 day report? ☐ Yes ☐ No 27. Report type ☐ Initial ☐ Follow-Up

Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.

Form VAERS-1(r04)

VAERS form

http://vaers.hhs.gov/index

Vaccine Management Requirements



Written Office Procedures



Providers must have:

Vaccine Storage and Handling Plan

- VFC Emergency Management Plan

Vaccine Storage and Handling Plan

- Required Components
 - Name of the primary/secondary VFC Coordinator
 - General Operations for
 - Vaccine Storage and Handling Practices
 - Vaccine Shipping and Receiving Procedures
 - Inventory Control
 - Vaccine Wastage Prevention
 - Staff Training

Vaccine Emergency Handling Plan

VACCINE EMERGENCY HANDLING PLAN

<p>1. Make sure you have emergency equipment on hand:</p> <ul style="list-style-type: none"> • Flashlight and spare batteries • Insulated coolers, ice packs and barrier material (newspaper, bubble wrap, etc.) • Thermometer - use refrigerator and/or freezer thermometer if no thermometer strips are available • Cell phone • Create an alliance with another practice to store vaccine in times of disaster. • Complete the Emergency Site information below identifying where you can transfer vaccine: <p>Facility Name _____ Address: _____</p> <p>Contact Name/Phone Number: _____</p>																
<p>2. What is the source of the Power Outage:</p> <ul style="list-style-type: none"> • Check the circuit breaker • Call the local power company 																
<p>2. Contact VFC Immediately!</p> <ul style="list-style-type: none"> • How long has the power been out • <u>Do not open refrigerator or freezer until instructed by VFC.</u> 																
<p>3. Temperature Checks – If instructed by VFC:</p> <ul style="list-style-type: none"> • Check refrigerator temperature: <i>should be between 35°F and 46°F (2°C & 8°C).</i> • Check freezer temperature: <i>should be – 58°F to +5°F (-50°C to -15°C).</i> • If temperatures are not within the specified ranges listed above, conduct a vaccine inventory and call the Vaccine Center immediately. 																
<p>4. Move Vaccine to Emergency Sites:</p> <ul style="list-style-type: none"> • Call your designated back-up person. • Call the emergency site to ensure power is on and has been maintained at that site. • Call your local hospital(s), and/or 24-hour drug store for emergency storage if the power is out at your Emergency Site. 																
<p>5. All staff should review the emergency plan and receive a copy in writing. All office staff, including the janitor and the security company, should know the standard procedure to follow, the contact person(s), and where/how the individual vaccines are to be stored.</p>																
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Receiving Vaccine



Important to educate the front desk staff



- **“What to do”** Sign for delivery
- **“Who to notify”** Notify your VFC contact of the delivery **IMMEDIATELY**
- VFC Coordinator, back up or designee needs to check to see if ice packs are cold, temperature strip is within normal range, and if there are frozen gel packs in the Varicella shipment.



Unpacking Vaccines

- Check the contents along with the packing slip located in the sleeve
- *Call the Vaccine Center immediately if there are problems with the vaccines upon receipt.*
- If there are problems with shipping (damage or temperature) please accept shipment, label the vaccines **“DO NOT USE”**, store appropriately, and notify the Vaccine Center before administering.



Vaccine Storage/Refrigeration

- Would you use vaccines from a refrigerator like this?
What is wrong with this picture?



California Department of Health Immunization Branch;; Laurie Crowe, presentation, May 2010

What kind of refrigerator should I use?

Household, consumer-grade units

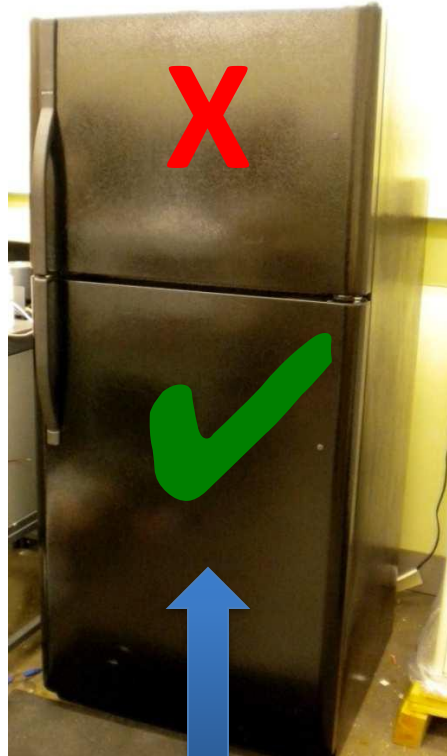
Pharmaceutical-grade units

Freezerless

Dual-zone

Under-the -
counter

Full-size



Dual-zone is acceptable for refrigerated vaccine storage
Only – do not use freezer compartment

Identifying Best and Worst Storage Locations & Methods for Loading

Directions: Identify and circle areas of each vaccine storage unit that illustrate the best and worst locations for vaccine storage.

A



B



C



D



E



F



Dorm-Style Refrigerators are Not Allowed for Storing VFC Vaccines at Anytime!



Vaccine Storage/Refrigeration

Store Vaccines Properly

- Only Store them in the center of unit
- Allow air flow
- **Do not store** in doors or crisper bins

Refrigerator

- Line doors with water bottles

Freezer

- Build an igloo around vaccine with ice packs.
- Do not block vents.



Vaccine Storage/Refrigeration

-NIST Guidelines for Storage and Temperature Monitoring of Refrigerated Vaccines 2012

- Keep vaccines in original manufacturer packaging →
- *Don't remove individual vials from cardboard boxes*
- Place vaccine boxes in plastic trays with earliest expiration in front
- Organize vaccines by type VFC, private, or other to facilitate quick retrieval and minimize time with refrigerator door open
- Avoid over-filling refrigerator and hindering air circulation →

Keep vaccines in designated storage trays

**use soon to expire vaccines first*



Protect Vaccines, Protect Patients

FREEZER

MMR
MMRV
Varicella

**Maintain Freezer
temperatures -58°F (-50°
C and 15°C) to 5°F**

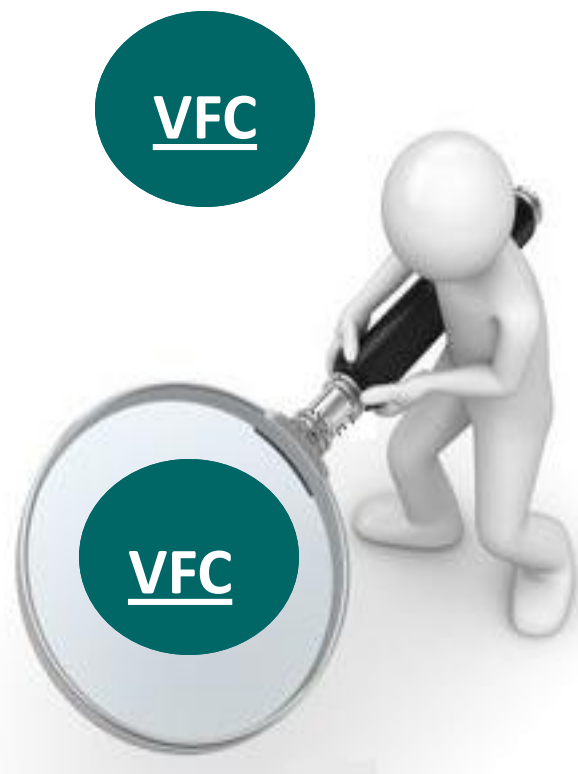
**Maintain Refrigerator
temperatures between
35°F and 46°F (2°C and
8°C)**

REFRIGERATOR

DTaP, Tdap, Td, DT,
Hib
Hepatitis A
Hepatitis B
HPV
Influenza (TIV, LAIV,
QIV)
Polio (IPV)
MMR*
Meningococcal
(MCV4 & MPSV4)
Pneumococcal (PPSV &
PCV13)
Rotavirus

Clearly Identify VFC Vaccine

- Use VFC stickers provided free from the Vaccine Center
- Store VFC Vaccines separately from privately purchased vaccines; different shelf or separate tray
- *Do not borrow or trade VFC and private stock*



Vaccine Storage Reminders

Keep all vaccine
in original boxes

Keep lids and
end tabs
closed

Protect from light,
these vaccines are
light sensitive (MMR,
MMRV, Varicella,
HPV, MCV4)

Never store
food in same
unit as
vaccines

Avoid frequent
door openings as
they interrupt cold
chain

Store diluent
at room
temperature,
refrigeration is
not required

Use Only Arizona VFC Approved Equipment!



- Two door refrigerator or stand-alone refrigerator and freezer units
- 2 Bio-Safe Glycol, digital Thermometers
 - 1 Refrigerator
 - 1 Freezer
- Plug guard

Thermometers



- *Thermometers must be NIST (National Institute of Standards and Technology) Certified or NIST traceable*
- *Thermometers must have current calibration*
- Place thermometer(s) on the center shelf with the vaccines
- Accurate readings
- Verify thermometer function by comparing with another thermometer
- Thermometers should be set to outside vs. inside



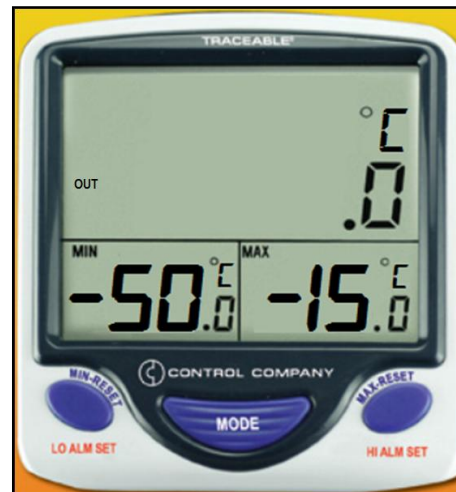
(Refrigerator) NIST Thermometers



- (OUT) Temperature inside your refrigerator
- (MIN) Set your minimum temperature to 35 degrees F
- (MAX) Set your maximum temperature to 46 degrees F

If refrigerator falls below the minimum or rises above the maximum set temperatures, an alarm will sound, informing you that the temperature is going out of range.

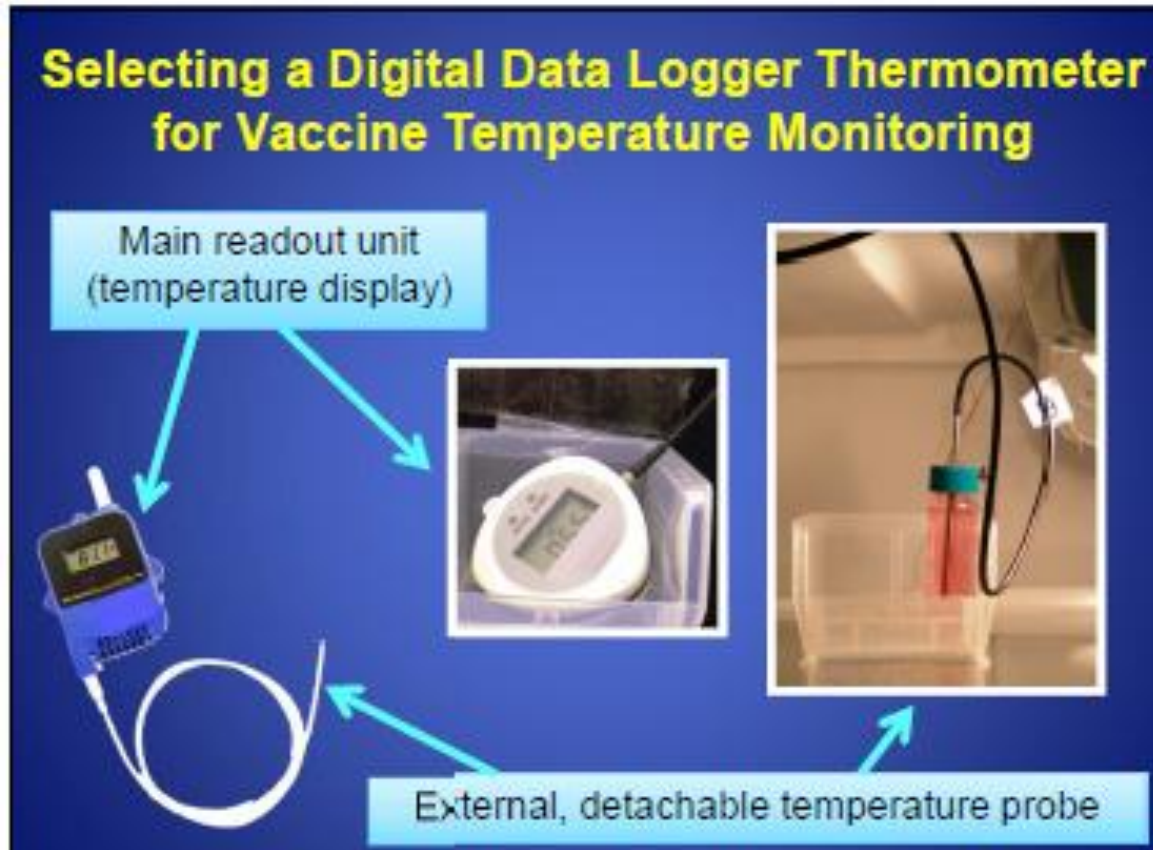
(FREEZER) NIST Thermometers



- (OUT) Temperature inside your freezer
- (MIN) Set your minimum temperature to -58 degrees F
- (MAX) Set your maximum temperature to +5 degrees F

If freezer falls below the minimum or rises above the maximum set temperatures, an alarm will sound, informing you that the temperature is going out of range.

Continuous Monitoring Digital Data Loggers



Continuous Monitoring Digital Data Logger Requirements

Minimum Data Logger Features and Specifications for Temperature Monitoring of Refrigerated Vaccines

Detachable temperature probe

- To be kept in liquid-filled bottle
- Cable length > 1 m preferred

Continuous temp monitoring

- At least one reading/15 min

Memory storage : 4000 readings

- ~ 39 days recording at one rdg/15 mins
- Device stops recording when memory is full, reset after data download

Operating range: -20 °C to 40 °C

- (for refrigerated vaccine monitoring)

Uncertainty: ± 0.5 °C

- In the range of -1 °C to 15 °C
- Often listed as device "accuracy"

Resolution: ± 0.1 °C

Battery life: 6 months minimum

Integrated Liquid Crystal Display (LCD) with minimum:

- Last measured temp displayed in °C or °F
- Hi/Lo alarm status indicator

Alarm capabilities

- Factory set, end-user adjustable
- Alarm activation at 2 °C (low) and 8 °C (high)

Download/ archival software

- Download data via standard computer ports (e.g., USB)
- Graphical presentation of data/time/temperature data
- Display alarm configuration details and total time outside high/low thresholds
- Data export capability (e.g., csv, Excel, txt)

VFC Signs & Posting

**CAUTION
PERISHABLE VACCINE**

DO NOT DEFROST — DO NOT UNPLUG
REPORT POWER FAILURE IMMEDIATELY

TO: _____
NAME PHONE

OR _____
NAME PHONE

WARNING

**DO NOT STOP POWER TO CIRCUIT
BREAKER # _____**

IN EVENT OF ELECTRICAL PROBLEM, IMMEDIATELY CONTACT _____



- Temperature log
- Caution Perishable Vaccine
- DO NOT UNPLUG
- Circuit breaker warning
- Emergency handling plan, use our sample or create your own

VACCINE EMERGENCY HANDLING PLAN

1. Make sure you have emergency equipment on hand:
 - Flashlight and spare batteries
 - Insulated coolers, ice packs and barrier material (newspaper, bubble wrap, etc.)
 - Thermometer - use refrigerator and/or freezer thermometer if no thermometer strips are available
 - Cell phone
 - Create an alliance with another practice to store vaccine in times of disaster.
 - Complete the Emergency Site information below identifying where you can transfer vaccine:

Facility Name: _____ Address: _____
Contact Name/Phone Number: _____

2. Determine the length of the power outage:
 - Check the circuit breaker.
 - Call the local power company.
 - Call VFC.
 - Do not open refrigerator or freezer until instructed by VFC.

3. Temperature Checks – If instructed by VFC:
 - Check refrigerator temperature: should be between 35°F and 46°F (2°C & 8°C).
 - Check freezer temperature: should be – 58°F to +5°F (-50°C to -15°C).
 - If temperatures are not within the specified ranges listed above, conduct a vaccine inventory and call the Vaccine Center immediately.

4. Move Vaccine to Emergency Sites:
 - Call your designated back-up person.
 - Call the emergency site to ensure power is on and has been maintained at that site.
 - Call your local hospital(s), and/or 24-hour drug store for emergency storage if the power is out at your Emergency Site.

5. All staff should review the emergency plan and receive a copy in writing. All office staff, including the janitor and the security company, should know the standard procedure to follow, the contact person(s), and where/how the individual vaccines are to be stored.

EMERGENCY PERSONNEL CONTACTS

Name/Title	Home Phone	Cell Phone	Pager
Emergency Contacts		Phone Numbers	
Emergency Site Contact:			
Power Company:			

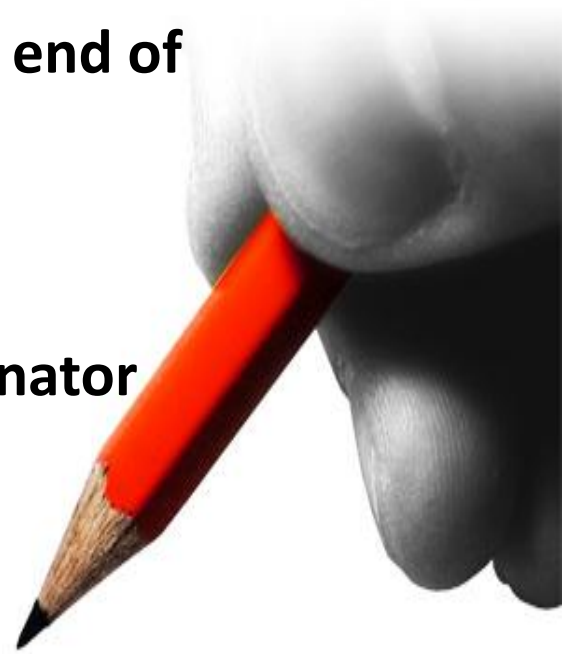
Equipment or Power Failure

- Call the Vaccine Center at (602) 364-3642 immediately for instructions on handling, transferring and packing VFC vaccine.
- Then implement your emergency management plan



Recording & Monitoring Temperatures

- Record temperatures twice a day in both refrigerator and freezer (morning and at the end of the day)
- Send in Temperature Logs Monthly
- Be consistent in recording F or C
- Designate at least two people as VFC Coordinator (one as back-up)
- Ranges for refrigerator 35°F-46°F (2°C-8°C)
- Ranges for freezer -58°F (-50°C) to +5°F (-15°C)





Refrigerator/Freezer Temperature Log

Month/Year _____



Provider Name: _____
Contact Person: _____
Fax #: _____

VFC Pin #: _____
Telephone#: _____
Varicella in Freezer?: ☐ Yes ☐ No

VACCINE WILL BE REMOVED IF REFRIGERATOR TEMPERATURES FALL TO 32°F OR LOWER OR TEMPERATURES HAVE NOT BEEN RECORDED FOR MORE THAN 5 CONSECUTIVE DAYS.

Store refrigerated vaccine between +35° to 46° F (2° to 8° C). +40° F is the ideal temperature.

Store frozen vaccine at -58°F(-50°C) to +5° F (-15° C).

Time, Temperatures & Initials MUST be recorded twice a day every business day. Record temperatures in the morning when you arrive and at the end of the day before you leave. Circle whether temperatures were taken in Fahrenheit or Celsius.

DATE	TIME	REFRIG	FREEZER	INITIAL	DAY	TIME	REFRIG	FREEZER	INITIAL
1 st	am	F°C	F°C		17 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
2 nd	am	F°C	F°C		18 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
3 rd	am	F°C	F°C		19 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
4 th	am	F°C	F°C		20 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
5 th	am	F°C	F°C		21 st	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
6 th	am	F°C	F°C		22 nd	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
7 th	am	F°C	F°C		23 rd	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
8 th	am	F°C	F°C		24 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
9 th	am	F°C	F°C		25 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
10 th	am	F°C	F°C		26 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
11 th	am	F°C	F°C		27 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
12 th	am	F°C	F°C		28 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
13 th	am	F°C	F°C		29 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
14 th	am	F°C	F°C		30 th	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
15 th	am	F°C	F°C		31 st	am	F°C	F°C	
	pm	F°C	F°C			pm	F°C	F°C	
16 th	am	F°C	F°C			am			
	pm	F°C	F°C			pm			

* Diluents should not be stored in the refrigerator in case of freezing temperatures. Store diluent in a drawer or shelf.

Call the Phoenix Office Immediately (602) 364-3642 If The Following Should Occur:

- If temperatures are out of range call for instructions.
- If you have a power failure, do not open refrigerator/freezer, call for instructions.

Fax: (602) 364-3276
Back Up Fax: (602) 364-3232

TEMPERATURE LOGS MUST BE FAXED WITH YOUR VACCINE ORDER – DO NOT MAIL.
PROVIDER PIN NUMBER MUST BE ON THIS DOCUMENT OR ORDERS WILL BE DELAYED

Temperature Log

FAHRENHEIT TO CELSIUS CONVERSION CHART

F°	C°	F°	C°	
54	12.2	13	-10.5	
53	11.7	12	-11.1	
52	11.1	11	-11.7	
51	10.5	10	-12.2	
50	10.0	9	-12.8	
49	9.4	8	-13.3	
48	8.9	7	-13.9	
47	8.3	6	-14.4	
46	7.8	5	-15.0	
45	7.2	4	-15.5	
44	6.7	3	-16.1	
43	6.1	2	-16.7	
42	5.6	1	-17.2	
41	5.0	0	-17.8	
40	4.4	-1	-18.3	
39	3.9	-2	-18.9	
38	3.3	-3	-19.4	
37	2.8	-4	-20.0	
36	2.2	-5	-20.5	
35	1.7	-6	-21.1	
34	1.1	-7	-21.6	
33	0.6	-8	-22.2	
32	0.0	-9	-22.8	
31	-0.6	-10	-23.3	
30	-1.1	-11	-23.9	
29	-1.7	-12	-24.4	

NOT ACCEPTABLE
TEMPERATURE
FOR FREEZER

ACCEPTABLE
REFRIGERATOR
RANGE
+35°F TO +46°F
+2°C TO +8°C
(40°F IS IDEAL)

ACCEPTABLE
FREEZER RANGE
+5°F & -58°F
-50°C & -15°C

FREEZING
ZONE NOT
ACCEPTABLE FOR
REFRIGERATOR

Call the Vaccine Center immediately (602) 364-3642
If the temperature is out of the acceptable range

Temperature Conversion Chart

Critical Point:

Temperature Range



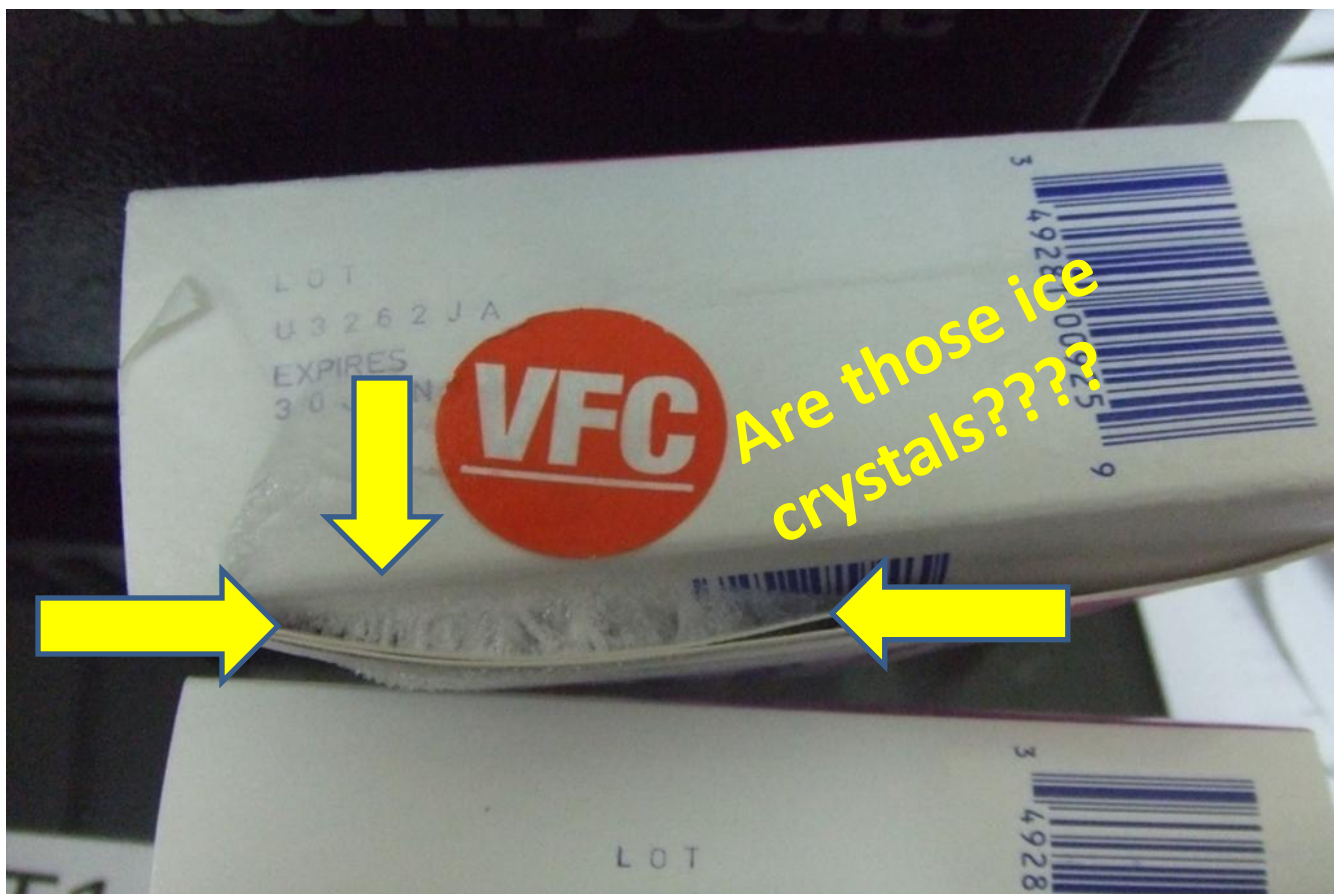
Notify Vaccine Center staff **IMMEDIATELY** by calling (602) 364-3642 when temperature is:

- 34°F or lower in the refrigerator or 47 F or higher
- 6 F or higher in the freezer

Note: Vaccine in the refrigerator may be saved with quick notification. Vaccines in the freezer that are above 5 F are not viable.



Non-Viable Vaccines



VFC Program Vulnerabilities in Vaccine Management – Office of the Inspector General 2012

Vaccine Order Management System (VOMS)

Vaccine Ordering Management System (VOMS)

Vaccine Ordering Management System (VOMS) – VFC online vaccine ordering system

- Providers will need special permissions attached to your ASIIS ID to be able to place orders
- ASIIS enrollment forms are available online from the ASIIS homepage

www.asiis.state.az.us





VOMS Requirements

- You **MUST** email or fax in your temperature logs **prior** to completing a VOMS online order. Temperatures must be submitted up to the day before you place the order.
- ASIIS data entry must be current, providers are required to enter doses administered into ASIIS within 30 days of vaccine administration.
- Doses on hand will be auto-populated in VOMS, providers will need to ensure their physical inventory matches the doses on hand in VOMS.





VOMS Requirements

- Providers are required to reconcile any doses that are wasted, spoiled, expired, etc. in VOMS before a vaccine order is placed.
- Provider orders will be reviewed and approved based on doses on hand and doses administered.
- If the system identifies you are ordering more than the recommended order quantity, the system will prompt you to provide a reason for the order. Add the reason to your order screen.





VOMS Helpful Hints

- Only order what you need based on your current VFC patient population!!!
- Order enough vaccine for 4 to 6 weeks as you
Can only order once a month!
- **Always** check the comments in your order screen, this is how the Vaccine Center will communicate issues with your order
- Remember, if temperature logs are not received within 4 days of placing the order, the order will be cancelled and a new order will need to be submitted.





VOMS/Ordering Assistance

- For questions about your order please contact the Vaccine Center at 602-364-3642
- For technical issues related to your vaccine order or ASIIS, contact the ASIIS Hotline at 877-491-5741
- For new providers interested in learning how to use VOMS visit <http://azdhs.gov/phs/immunization/documents/vaccines-for-children/exhibits/e10-vaccine-order-management-system-voms-user-guide.pdf>



Process & Shipping Vaccine Orders

- Please allow 2-3 business days for processing orders
- Most vaccine ship within 10 working days of order
- Except frozen vaccine (Varicella/MMRV) which may take up to 4 weeks



Varicella Order Receipt

- The Varicella vaccine can take at least 4 weeks to receive. Because of this, you may receive all other vaccines first.
- When accepting your order of Varicella Vaccines in ASIIS you want to put “0” in the **Receipt Quantity** and the amount you ordered in the **Rejected Quantity**.
- *Reason for Rejecting* will be selected as “Shipment is Incomplete”.
- **The order number will be created and there will be a blank approval date on the Inbound Order screen.**
- When your Varicella order is received, simply receive this as you do other vaccines.

Transferring VFC Vaccine

- VFC vaccine can be transferred between currently enrolled sites. Varicella Vaccine CANNOT be transferred.
- Contact the Vaccine Center for packing instructions and for a list of providers in your area.
- Transfers are completed by the provider office and approved by the Vaccine Center in ASIIS/VOMS. Do not transfer vaccines until the Vaccine Center has approved the transfer.



Returning VFC Vaccine

Wasted/Expired VFC Vaccine

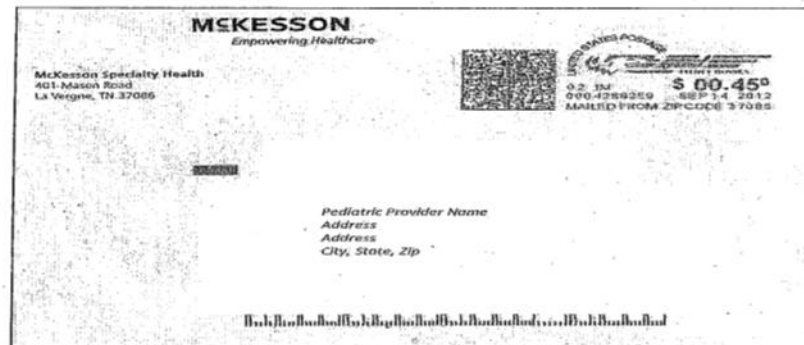
- **Wasted/Expired Vaccine should be documented in VOMS monthly as part of your vaccine reconciliation process**
- **VFC will contact providers when vaccines have expired and provide instructions on what to do with the vaccines.**

Returning VFC Vaccine (cont'd)

Wasted/Expired VFC Vaccine

- Please do not place expired or wasted VFC vaccines in your sharps container, they must be returned to McKesson for proper accountability.
- **Remove** all expired/wasted vaccines from your refrigerator/freezer and label “DO NOT USE”

Sample of Return Label Envelope



**THIS IS WHAT THE ENVELOPE THAT CONTAINS
YOUR RETURN LABEL WILL LOOK LIKE – IT IS
ABOUT THE SIZE OF A POSTCARD**

**PLEASE CHECK YOUR MAIL CAREFULLY FOR THIS
ENVELOPE**

THANK-YOU

Important: Avoid Vaccine Wastage

- Follow proper storage & handling techniques
- Check expiration dates monthly
- Always use short dated vaccines first
- Never discard vaccine *for any reason* without contacting the Vaccine Center first!
(602) 364-3642



Vaccines Are Very Expensive!

Follow the Guidance Above to Avoid Costly Wastage

Dtap	\$153.80	HibMenCY	\$101.00
Dtap/HepB/IPV	\$538.60	Flu 0.25mL	\$174.30
DTaP/IPV/Hib	\$262.15	Flu 0.5mL	\$131.50
DTaP-IPV	\$385.00	HPV	\$1,210.30
IPV	\$124.60	MCV4	\$417.10
Hep B	\$110.80	MMR	\$199.10
PCV 13	\$1,124.40	MMR/V	\$1,031.61
Hep A	\$161.70	Rotavirus	\$639.60
Hib	\$46.00	Tdap	\$312.50
Hib	\$123.40	Td	\$176.90
		Varicella	\$783.40

The total cost of 1 box of each of the above vaccines is \$8,207.76

*CDC prices reviewed/updated 4-4-14

Provider Site Visits



- Annual Compliance Visit (CV)
 - TMF contracted by ADHS to perform compliance visits and assessments with VFC Providers
 - VFC Provider Representatives
- Assessment, Feedback, Incentive, and EXchange (**AFIX**) can be combined with a VFC/CV
- Unannounced Storage and Handling Visit
- Provider Education
- New Provider In-Service



Vaccine Wastage Restitution

- **Dose for Dose Replacement**
 - Up to 5% allowable wastage during the year
 - Monitoring quarterly
(Jan.-Mar., Apr.–June, Jul.– Sept., Oct.–Dec.)
 - Cumulative wastage during a calendar year
 - Reconciling inventory



Influenza Ordering

- **Ordering Flu Vaccine in ASIIS**
 - Inventory Reconciliation
 - Flu Order Drop Down Menu
- **Order Monthly**
- **CDC Order Process**
- **Backorder Function**

Arizona Immunization Program Office Website



Arizona Department of Health Services
Health and Wellness for All Arizonans



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[Additional Resources](#)

[For Copies of Immunization Records Call: 1-877-491-5741](#)

Arizona Immunization Program Home



- [Frequently Asked Questions about Vaccine Program Policies – 06/13/2013](#)
- [New Underinsured Policy Changes, effective July 1, 2013](#)
- [Adults Need Immunizations, Too](#)



Clinic locations & recommended schedules.

[Get Vaccinated](#)



Info and resources for adults, adolescents and children.

[Parents & Public](#)



Immunization Requirements & Data Reports.

[School & Childcare](#)



Info for providers who participate in this federally funded program.

[Vaccines for Children \(VFC\)](#)



Arizona State Immunization Information System

[ASIIS](#)



Immunizations vary by age group, find great resources here.

[Healthcare Professionals](#)



Up-to-date reports on immunizations in Arizona.

[Statistics & Reports](#)



Archive of Immunizations publications and news articles.

[Newsletters](#)

Every year, over 85,000 children are born in Arizona, and all must be immunized against [childhood diseases](#) to protect their health and future. Our 2020 goal is to have at least 90% of all children immunized with 4 doses of DTaP; 3 doses of IPV; one dose of MMR; 3 or more doses of Hib; 3 or more doses of Hep B vaccine; and 1 dose of Varicella vaccine by 2 years of age. As of September 2012 the U.S. immunization rate for 4:3:1:3:3:1 is 71%. Arizona's rate is 64%.

Customer Feedback



Health and Wellness for all Arizonans

azdhs.gov





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Health and Wellness for all Arizonans

azdhs.gov



Vaccine's For Children Program

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Website:

www.azdhs.gov/phs/immun/act/aipo.htm





